

JUL 05 2006

FAX TRANSMISSION**DATE:** July 5, 2006**PTO IDENTIFIER:** Application Number 10/057126-Conf. #1888
Patent Number**Inventor:** Kai TUSCHNER et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP
James M. McKenzie for Kevin J. Canning**PHONE:** (617) 227-7400**Attorney Dkt. #:** MWS-042**PAGES (Including Cover Sheet):** 19**CONTENTS:** Certificate of Transmission (1 page)
Transmittal (1 page)
Fee Transmittal (1 page - in duplicate)
Response to Final Office Action (14 pages)
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PTO/SB/67 (08-04)
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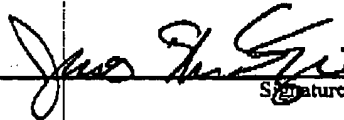
Application No. (if known): 10/057125

Attorney Docket No.: MWS-042

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on July 5, 2006
Date



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James M. McKenzie

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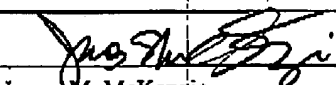
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| | | |
|--|----------------------|-----------------------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/057126-Conf. #1888 |
| | Filing Date | October 25, 2001 |
| | First Named Inventor | Kai TUSCHNER |
| | Art Unit | 2178 |
| | Examiner Name | K. B. Honeycutt |
| Total Number of Pages in This Submission | | Attorney Docket Number MWS-042 |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Transmission (2 pages) |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | LAHIVE & COCKFIELD, LLP | | |
| Signature |  | | |
| Printed name | James M. McKenzic | | |
| Date | July 5, 2006 | Reg. No. | 51,146 |

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Dated: July 5, 2006

Signature:

 (James M. McKenzic)

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PTO/SB/17 (12-04v2)

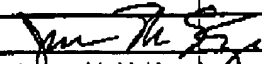
Approved for use through 7/31/2006, OMB 0851-0032
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| | | | |
|---|--|--------------------------|-----------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete If Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/057128-Conf. #1888 |
| TOTAL AMOUNT OF PAYMENT (\$) 450.00 | | Filing Date | October 25, 2001 |
| | | First Named Inventor | Kai TUSCHNER |
| | | Examiner Name | K. B. Honeycutt |
| | | Art Unit | 2178 |
| | | Attorney Docket No. | MWS-042 |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|-----------------|------------------------------|-----------------|---|-----------------|--------------------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | | Fee (\$) | | Fee Paid (\$) | |
| 35 | | - 30 = 5 | | 80.00 | | 250.00 | |
| Indep. Claims | | Extra Claims | | Fee (\$) | | Fee Paid (\$) | |
| 6 | | - 6 = 0 | | 200.00 | | 200.00 | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | | Number of each additional 50 or fraction thereof | | Fee (\$) | |
| - 100 = | | | | / 50 | | (round up to a whole number) x | |
| | | | | | | Fee Paid (\$) | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): | | | | | | | |

| | | | |
|---------------------|---|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 51,148 |
| Name (Print/Type) | James M. McKenzie | Telephone | (617) 227-7400 |
| | | Date | July 5, 2006 |

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Dated: July 5, 2006

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Dated: July 6, 2006

Signature: 

(Kewin J. Canning)

Docket No.: MWS-042
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:
Kai Tuschner *et al.*

Application No.: 10/057126

Confirmation No.: 1888

Filed: October 25, 2001

Art Unit: 2178

For: LINKED CODE GENERATION REPORT

Examiner: K. B. Honeycutt

RESPONSE TO FINAL OFFICE ACTION

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated April 4, 2006 (Paper No. 032406), Applicants submit the following remarks to place the pending claims in condition for allowance.

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

07/06/2006 TL0111 00000031 120000 10057126

01 FC:1201 200.00 DA

02 FC:1202 250.00 DA

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